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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

D-20,945

First Named Inventor

William Robert Williams

COMPLETE IF KNOWN

Application Number

10/621,315

Filing Date

07/18/2003

Art Unit

1724

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DEAERATION OF WATER AND OTHER LIQUIDS

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

07/18/2003

as United States Application Number or PCT International

Application Number

10/621,315

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | es | No |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

{Page 1 of 2}


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DECLARATION — Utility or Design Patent Application

| | | | |
|---|--------------------------------|---|---------------------------------|
| Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 27182 OR <input type="checkbox"/> Correspondence address below | | | |
| Name | | | |
| Address | | | |
| City | | State | ZIP |
| Country | Telephone | Fax | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) William Robert | | Family Name or Surname Williams | |
| Inventor's Signature  | | Date 3/10/2004 | |
| Residence: City Tewksbury | State Massachusetts | Country U.S.A. | Citizenship U.S.A. |
| Mailing Address 52 DeCarolus Drive | | | |
| City Tewksbury | State Massachusetts | ZIP 01876 | Country U.S.A. |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) Marcilio Paiva | | Family Name or Surname Prado | |
| Inventor's Signature | | Date | |
| Residence: City Barra da Tijuca | State Rio de Janeiro | Country Brazil | Citizenship Brazilian |
| Mailing Address Av. Prof. Dulcidio Cardoso, 2500, Bl. 5, Ap. 2103 | | | |
| City Barra da Tijuca | State Rio de Janeiro | ZIP RJ | Country Brazil |
| <input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | |

DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 3 of 3

| | | | |
|---|-----------------|---|-----------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Luis Claudio Dias | | Nogueira | |
| Inventor's Signature | | Date | |
| Residence: City | Duque de Caxias | State | RJ |
| Country | Brazil | Citizenship | Brazilian |
| Mailing Address | | | |
| Rua Igarape, Lt. 5, Q147 | | | |
| Mailing Address | | | |
| City | Duque de Caxias | State | RJ |
| Zip | | Country | Brazil |
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| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | es | No |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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DECLARATION — Utility or Design Patent Application

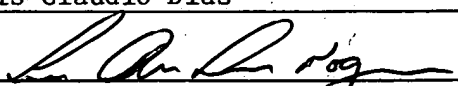
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|---|--------------------------------|---|---------------------------------|
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| Name | | | |
| Address | | | |
| City | | State | ZIP |
| Country | Telephone | Fax | |
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| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) <u>William Robert</u> | | Family Name or Surname <u>Williams</u> | |
| Inventor's Signature | | | Date |
| Residence: City <u>Tewksbury</u> | State <u>Massachusetts</u> | Country <u>U.S.A.</u> | Citizenship <u>U.S.A.</u> |
| Mailing Address <u>52 DeCarolis Drive</u> | | | |
| City <u>Tewksbury</u> | State <u>Massachusetts</u> | ZIP <u>01876</u> | Country <u>U.S.A.</u> |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) <u>Marcilio Paiva</u> | | Family Name or Surname <u>Prado</u> | |
| Inventor's Signature <u>[Signature]</u> | | | Date <u>MARCH 4, 2004</u> |
| Residence: City <u>Barra da Tijuca</u> | State <u>Rio de Janeiro</u> | Country <u>Brazil</u> | Citizenship <u>Brazilian</u> |
| Mailing Address <u>Av. Prof. Dulcidio Cardoso, 2500, Bl. 5, Ap. 2103</u> | | | |
| City <u>Barra da Tijuca</u> | State <u>Rio de Janeiro</u> | ZIP <u>RJ</u> | Country <u>Brazil</u> |
| <input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | |

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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 3 of 3

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| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Luis Claudio Dias | | Nogueira | |
| Inventor's Signature  | | Date <u>MARCH, 5, 2004</u> | |
| Residence: City | Duque de Caxias | State | RJ |
| Country | Brazil | Citizenship | Brazilian |
| Mailing Address Rua Igarape, Lt. 5, Q147 | | | |
| Mailing Address | | | |
| City | Duque de Caxias | State | RJ |
| Zip | | Country | Brazil |
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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|---------------------------------------|
| Application Number | 10/621,315 |
| Filing Date | 07/18/2003 |
| First Named Inventor | William Robert Williams |
| Title | DEAERATION OF WATER AND OTHER LIQUIDS |
| Art Unit | 1724 |
| Examiner Name | |
| Attorney Docket Number | D-20,945 |

I hereby appoint:

☒ Practitioners associated with the Customer Number:

27182

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

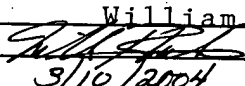
| | | | |
|--|-------|-----|--|
| <input type="checkbox"/> Firm or Individual Name | | | |
| Address | | | |
| Address | | | |
| City | State | Zip | |
| Country | | | |
| Telephone | Fax | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--------------|
| Name | William Robert Williams | | |
| Signature |  | | |
| Date | 3/10/2004 | Telephone | 978-658-5401 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| Examiner Name | |
| Attorney Docket Number | D-20,945 |

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OR

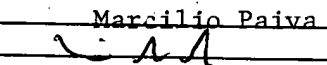
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| <input type="checkbox"/> Firm or Individual Name | | | | |
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SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--|
| Name | Marcilio Paiva Prado | | |
| Signature |  | | |
| Date | MARCH 4, 2004 | Telephone | |

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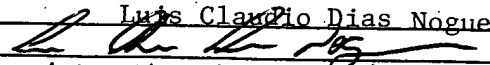
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|-----------|---|-----------|--|
| Name | Luis Claudio Dias Nogueira | | |
| Signature |  | | |
| Date | MARCH 5, 2004 | Telephone | |

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